

Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

**Application Number**

10/782,735

Filing Date

**February 19, 2004**

**First Named Inventor**

## Gian-Carlo Covino

## Art Unit

3763

**Examiner Name**

**Mendez, Manual A.**

Sheet

1

of

1

Attorney Docket Number

P034064.US.01

## U.S. PUBLISHED DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-			
		US-			
		US-			

## U.S. PATENT DOCUMENTS

[illegible]

EXAMINER SIGNATURE

DATE CONSIDERED

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Sent completed form to: **Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450**